PHYSICIANS should state cact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. (ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B.—WRITE PEAINLY, WITH

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(14.00
County Change.	Registration Dist. No. 5
Village or City Lau	NoSt., Ward
(If Length of residence in city or town where deeth occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Lewice Lawley	
(a) Residence: No Randles Cliff	St., Ward,
(Usuai place of abods)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
Finella White or Districted Warrell	21. DATE OF DEATH A LEGY (Dey) (Yeer)
5a. if married, widowed, or divorced HUSBAND of (or) WIFE of Sullox Fawler	22. An I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, dey, end yeer)	liest saw h ===================================
7. AGE Yeers Months Deys If LESS then	to have occurred on the dete steted above, at
	The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:
8. Trede, profession, or particular kind of work done as SPINNER, Name of SAWYER, BOOKKEEPER, etc.	Cerebral Cecident (Neuroway 5/1)
9. Industry or business in which work was done, es SILK MILL	Cerabral hemanilage. Cut R.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Dete deceased lest worked at this occupetion (month end spent in this	actiont, who was walking, auddanly fut har hand to her head, and callapsed
yeer) occupetion occupetion	Other Coatributory Causes of Importance;
12. BIRTHPLACE (city or town) (blue) (Stele or country)	arleno soleioses
	Patient dead on avrival.
14. BIRTHPLACE (city or town) Culling to	Neme of operation Date of
(State of country)	What test confirmed diegnosis? Wes there en eutopsy? ! Wes
15. MAIDEN NAME OBeck Naikey	23. If death was due to externel causes (ViOL ENCE) fill in elso the following:
15. MAIDEN NAME Deck Warkey 16. BIRTHPLACE (city or town) Culvery Co (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Charlie Stimett	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Dete Dete 1.6.,1934	Menner of injury
19. UNDERTAKER J. H. Halchens (Address)	24. Wes diseese or injury in any wey releted to occupetion of deceesed?
20. FILED 15 19 D.M. I find	If so, specify (Signed) M. D.
Registrar.	(Address) June Fullence

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Ĭi.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JUN 6 1934				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

should state of OCCUPA-

Exact statement

EXACTLY.

stated

AGE should be

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY

certificate.

See instructions on back of

STATE OF MARYLAND-CERTIFICATE OF DEATH

		A	1 10	17	1.0
ı	P	13	1		6
1	9	X		V	

1. PLACE OF DEATH	210-m
County Jeaner	Registration Dist. No. 3
Village or City Ormel The Cruck	NO. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmo	
2. FULL NAME le larence Karp	Galdatun
(a) Residence: No. Orice Fredericke (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word)	21. DATE OF DEATH 3/ (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I ettended deceesed from
6. DATE OF BIRTH (month, day, and year) 200. 25, 1918	I last saw h. A alive on hay 31 1,1934; death is sald
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above of
R Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Fractured Skull
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10-Oate deceased lest worked at this occupation (month and spant in this	-
O 10 Oate deceased lest worked at this occupation (month and year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
13. NAME Goodwan Suldatem	· .
13. NAME Goodwan Goldstein 14. BIRTHPLACE (city or town). Coreland, (Stete or country) Germany	Name of operation Dete of What test confirmed diagnosis? Westhere an au'opsy?
15. MAIOEN NAME Belle Bucker 16. BIRTHPLACE (city or town) Balto, Ind.	23. If death was due to external causes (VIOLENCE) fill In also the following:
[16. BIRTHPLACE (city or town) Dalto, W. (State or country)	Accident, suicide, or homicide? accident Date of injury May 31, 19 34 Where did injury occur? There Frederick, lid
17. INFORMANT Jury Belle Goldeten (Address) Durch Frederick Ind.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place December 19 19 19 19 19 19 19 19 19 19 19 19 19	Manner of Injury Automobile accident Nature of injury Fracting steal
19. UNDERTAKER Solvenson & Bes. (Address) Salto.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 5/3/ , 19 3 4 Registrar.	(Signed) A. M. D. France, M. D. (Address) Prince Frederick, Isal
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Calvert.	Registration Dist. No. 5
Village or City Williams	NoSt.,Ward
(I Length of residence In city or townwhere death occurredyrs,mo:	f death occurred in a hospital or institution, give its NAME instead of street and number) s,ds. How long In U.S. if of foreign birth?yrsmosds,
2. FULL NAME TRANS Ins	ss,
(a) Residence: No. Wellwill	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Col, OR DIVORCED (write the world)	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of Cornula hasas.	22. J. I HEREBY CERTIFY That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) 411.15,1868	Hast saw h alive on may 1, 19 3 deeth is said
7. AGE Years Control Days If LESS than 1 day,hrs.	to have occurred on the dete stated above, atm. The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
R Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occupation (month and	hort disease
D. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Dther Coutributory Causes of importance:
(State or country)	- Victorial Participant
14. BIRTHPLACE (city or town).	Name of operation Date of
(State of Country)	What test confirmed diagnosis?
16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIDL ENCE) fill In also the following:
[State or country]	Accident, suicide, or homicide?, 19, Where did injury occur?, 19
17. INFORMANT LEW Grand (Address) Wellarthe	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, DR REMOVAL Place Procks Date 110 1934	Manner of injury
19. UNDERTAKER Somuel H. Chare (Address) Balty in med.	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED 9, 1934 2. M. Kegistrar.	(Signed) Janoen (Address) January Fullula M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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3	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
12		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 yeor
	1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

STAT 1. PLACE OF DEATH	E OF MARYLAND—	-CERTIFICATE OF DEATH
County (al	vert	Registration Dist. No. 90
Village or City		NoSt.,W If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME 3	hy File Strong S	usds. How long in U.S. if of foreign birth?yrsmos
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonsestdent give city or town and State
PERSONAL AND STA	ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RA		21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased f
6. DATE OF BIRTH (month, day, and yea	1) May 8, 1934	I last saw h alive on 19; death is
// //	nths Oays If LESS than I day, hrs. or min.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINI SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MIL		Oate of on
SAW MILL, BANK, etc		
O 10. Oate deceased lest worked at this occupation (month and year)	11. Total time (years) spant in this occupation	V
12. BIRTHPLACE (city or town)(appeals, lud	Other Contributory Causes of importance:
II 13. NAME must orie	Gloss	
14. BIRTHPLACE (city or town)(State or country)	rud.	Name of operation Oete of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME	rartha Coates	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT	Tud.	Accident, suicide, or homicide?, 19
(Address) 18. BURIAL, CREMATION, OR REMOVAL Place	- Date May 18, 195 y	Manner of injury Nature of injury
19. UNDERTAKER OZIĘ K (Address) DOKE	Trosc-	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO May 10, 19.5.	Registrar.	(Signed) Orme Fredrick line

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1000			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(152)
County Calyet	Registration Dist. No. 52
Village or City Cler feel	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	dealh occurred in a hospital or institution, give its NAME, instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mayant Brouts	Cones
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARTIED, WIDOWED, OR DIVORCED, write tha word)	21. DATE OF DEATH (Month) (Day) (Pear)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) CO (S) Y 7. AGE Years Months Days If LESS than I day,	I last saw h alive on least stated abova, at least saw of the data stated abova, at least saw of the PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	were as follows: Date of onset Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Did not see the child. no further
year) occupation occupation (State or country)	Dther Centributery Canses of importance:
13. NAME John Proutt	
14. BIRTHPLACE (city or town)	Name of operation Date of Was thera an autopsy?
15. MAIDEN NAME Cora Jours	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide?
17. INFORMANT James James James (Address) Class Bell	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Il Edmont Data June 2, 1934	Nature of injury
19. UNDERTAKER Wilson Sewell (Address)	24. Was disease or injury in any way related to occupation of decaasad?
20. FILED France 1, 1954 WHHarloshy Registrar.	(Signed) M. D. (Address) M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. Mo. 1.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1 1	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago	
•	1				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		1 2 2	•		

state

Jo

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEA Registration Dist. Village or City (If death occurred in a hospital or institution, give its NAME instead of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Wicks			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF BEATT
County Calvert	Registration Dist. No. 52
Village or City Chancewill	No. St. Ward
()f	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John & Ilume	
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MABRIED, WIDOWED,	21. DATE OF DEATH
OR DIVERED (write the word)	3/ 193 Y
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Rate Maas	22. 1 HEREBY CERTIFY, That I attended deceased from
	May 3 ,1834, 10 May 31 ,1924
6. DATE OF BIRTH (month, day, and year)	I last saw M. Last alive on May 3
7. AGE Years Month's Days If LESS than	to have occurred on the date stated above, at 6.1.5.12.m.
/2 // 22 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as joliows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Hemplegea 5/37/24
SAWYER, BOOKKEEPER, etc.	Brimary course: Terebral homorrhage.
work was done, as SILK MILL, SAW MILL, BANK, etc	Station.
0 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
I 13. NAME Thomas M. Klumer	
14. BIRTHPLACE (city or town) M.	Name of operation Oate of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME Sellie Cracklin 16. BIRTHPLACE (city or town) - A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Add	Accident, suicide, or homicide? Date of Injury19
∑ (State or country)	Where did injury occur?
17. INFORMANT Zee Hlemmer	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Ouring Well	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Town Ashfr Oate Jans 2, 1954	Nature of injury
19. UNDERTAKER W. C. Wettch	24. Was disease or injury In any way related to occupation of deceased?
(Address) Frend Shop	If so, specify
20, FILED Jane 3 1974 W Holandesty	(Signed) (Signed) M. D.
Registrar.	(Address) Caring M.S.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PRINEAU V. S.	18		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	OR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.-WRITE PL.

CALCULATION OF THE PROPERTY AND ADDRESS OF THE PROPERTY OF THE	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	T RECORD. Every item of infor-
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	Y. PHYSICIANS should state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	Exact statement of OCCUPA-
TION is very important. See instructions on back of certificate.	

STATE OF	MARYL	AND-CERTIF	FICATE	OF	DEATH
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7	-	A.	-	-01	~

1. PLACE OF DEATH	(Gri-S)
County Calvert	Registration Dist. No. 51
Village or City Prince Freder	The state of the s
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos,ds.
01/18	I sometimes of the second of t
2. FULL NAME Glange N. Clar	Mugs
(a) Residence: No. (Usual place of abode)	USIAL Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Maried who married	(Day) (Year)
5a. If married, widowed or divorced HUSBAND of	I HEREBY CERTIFY, That I attended deceased from
(OF) WHEE OF Bessie R. Rawlings	may 12 1934 to May 17, 1934
6. DATE OF BIRTH (month, day, end year)	I last saw h in alive on May 17 49 8 7; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 2. m.
69 4 24 1day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	Oate of onset
kind of work done, as SPINNER, farming	Broucho-purmonia 5/12/54
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Calvert Co	Other Contributory Causes of importance:
(State or country)	
13. NAME Tenjamin T. Nawlings	
13. NAME Tenjamin T. Nawlings 14. BIRTHPLACE (city or town) Cabrert Co	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Boven 16. BIRTHPLACE (city or town) Calvert Co	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Cabert C	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Frank Rawlings	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CHEMATION, OR REMOVAL	Manner of injury
Place Date 197,197	Nature of injury
19. UNDERTAKER A. Harkness & Aon	24. Was disease or Injury In any way related to occupation of deceased?
(Address) mula at her.	If so, specify
20. FILED 5/19 1934 D. N. J.	(Signed) M. D.
Registrar.	(Address) Charle thedruly and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ALL ALL SHELL ALL OF THE PARTY	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by strect car	1 weck ago
Cerebral hemorrhage	And It was	July 5,1927	Peritonitis	3 days ago
	15 L			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroentcritis	1 year

Data of onset

(Day)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person, who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. F out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week aga
Chronic interstitial nephritis	1921	Run over by street car	1 week aga
Cerebral hemorrhage	July 5,1927	Peritanitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	IA	A	1	1	đ	A	1	ĺ	Į	J	,	3)	3	3	3	3	3	7	3	3	3	3	3	3	3	3	,	3	3	7)	7	3	3	3	7	3	3	7	3	3	7)	7	3	3))			(((Ì	Į	J	,	75	7	4	7	Y	7	I	ľ	,	1	J		•	ľ)	3	F]	j	S	-	I	,	¥	1	ij	3	E	J	Į	V	1	3	ŀ	3	1	Ľ.	1	A	1		I	1	5	S	6			3	I		1	Ŀ		1	I	1	Γ	7	2	ł]	J	j	l	1	7	1	ŀ]			Ĉ	1	E])			(1	7	1	ŀ	J]		
---------------------------------------------------	----	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	----	---	---	---	---	---	---	---	---	---	---	----	---	---	---	--	---	---	---	---	---	--	--	---	---	--	---	---	--	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	---	---	---	---	---	--	--	---	---	---	---	---	---	---	--	--



PHYSICIANS should state

of OCCUPA.

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	93-2
County Calvert	Registration Dist. No. 50
Village or City Olivet	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME MASS Cora Sut	tore
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Grande Glock 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 23, 196 4. (Month) (Day) (Yaar)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from 19
6. DATE OF BIRTH (month, day, and year) 1879-	I last saw h CT alive on May 15 1934; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at 12.30 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, at Roome. SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this spent in this	Chronic myocarditis 1932!
9. Industry or business in which work was done, as SILK MILL, (House - work) SAW MILL, BANK, etc.	
11. Total time (yaars) this occupation (month and year)	
12. BIRTHPLACE (city or town) Oliver (State or country) Manyland	Other Contributory Causes of Importance;
II 13. NAME Mat Sutton -	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Mary Buck	23. If daath was due to external causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Buck 16. BIRTHPLACE (city or town) marylawd (State or country)	Accidant, suicide, or homlolde? Date of Injury, 19
17. INFORMANT Pory button - (Address) Oliver, md	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date 57-4 , 1934	Manner of Injury
19. UNDERTAKER W. Y. Sewell (Addrass) Prince Grederick, Jud	24. Was disaase or Injury in any way ralated to occupation of dacaased? No
20. FILED 5/24, 1934 Dreelfoster. Registrar.	(Signad) Ce S Coster - M. D. (Addrass) Lormono M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

SIAIL OF	MARYLAND-	CERTIFICATE OF DEATH	1776	
(- (40)			2010	
County Carried		Registration Dist. No. 2 /		
Village or City Willow		No. St., death occurred in a hospital or inslitution, give its NAME instead of street and au	Ward	
Length of residence in city or town where death	h occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds	
2. FULL NAME Sarah C	exalette Va	elball		
(a) Residence: No.	okos Ma	St.,Ward.		
DEDCONAL AND CTATICTICS	(Usual place of abode)	If nonresident give city or town and S	tate	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		21. DATE OF DEATH (Month) (Day)	193 (Year)	
5a. If married, widowed, or divorced HUSBAND of	n 1 al-ot			
(or) WIFE of Joseph W. Jalvall		22. I HEREBY CERTIFY. That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) Ho	venilee 1, 1860	last saw h & A alive on Notes suffee 1 19 34;		
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 6 45 m.	ucatii is said	
73 6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence		
8. Trade, profession, or perticular	101	were as follows:	Date of onset	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	rusewock	arterpasclerasis	934	
9. Industry or business in which work was done, as SILK MILL		Ganenews of right beg.	3/5/54	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9: Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month and	1	achdores	5/10/	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this		ya.y	
11) 06-	occupation	Othar Contributory Causes of importance:		
2. BIRTHPLACE (city or town)	it is ind			
(Stete or country)	(6). Pues.	*		
13. NAME William Vig	a Wilbern			
13. NAME William Viga 14. BIRTHPLACE (city or town)	Med Go	Nama of operation Dete of		
(State or country)	mg.	What test confirmed diagnosis? Demedicals. Was there an aut	opsy?_Re	
15. MAIDEN NAME INSCULA	V. Cranjora.	23. If death was due to external causes (VIOLENCE) fill in also tha following:		
15. MAIDEN NAME Granford. 16. BIRTHPLACE (city or town) Calaust Caggi		Accident, suicide, or homicide? Dete of injury	, 19	
17. INFORMANT Jugie Carpenger		Whara did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
Place 6 monuel Date 5/14 134		Manner of injury		
4/4/1/-	1	Nature of injury//	/	
19. UNDERTAKER Was V. Auto	lens	24. Was disease or injury in any way related to occupetion of deceased?	<i>D</i>	
1/1/ 24/ 0	201	(Signed)		
20. FILED 174 , 19 37	Registrar.	(Address) Asual Sudden	4 M. D	
76 M		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	- Janes	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN